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ATTORNEY DOCKET NO./TITLE, FIRST NAMED APPLICANT FILING/RECEIPT DATE APPLICATION NUMBER

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CHILDIST MA & LYON CYON: 633 WEST FIFTH SUITE 4700 LUS ANGELES 90071 CA

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Initial Patent Examination Division (703) 308-1202

222/0114

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of ☐ \$65.00 f ra small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

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| if all req □ small | quired items on this form are filed within the period set above, the total amo li entity (statement filed) 凶 non-small entity is \$ | unt owed by applicant as a |
| □ 1. T | The statutory basic filing fee is: | |
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| | insufficient. | d/or file a small entity statement claiming |
| . A | | Wor me a sman entity statement claiming |
| □ 2. A | such status (37 CFR 1:27). Additional claim-fees of \$, including any multiple dependent | claim fees, are required. |
| . ; | \$ 5 4 6 for 7 independent claims over 3. | |
| ₹ . | \$ 36 for 2 dependent claims over 20. | |
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| | Applicant must either submit the additional claim fees or cancel additional claims | for which fees are due. |
| | The oath or declaration: | |
| | ☑∕ is missing or unexecuted. | , , , , , , , , , , , , , , , , , , |
| · | does not cover the newly submitted items. | |
| · [| does not identify the application to which it applies. | |
| - N () | does not include the city and state or foreign country of applicant's residence. | mation and identifying the application by |
| t | An oath or declaration in compliance with 37 CFR 1. 63, including residence information the above Application Number and Filing Date is required. | |
| ☐ 4. T | The signature(s) to the oath or declaration is/are by a person other than inventor of | or person qualified under 37 CFR 1.42, |
| | 1.43 or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying Application Number and Filing Date, is required. | the application by the above |
| | | on: |
| U 5. T | The signature of the following joint inventor(s) is missing from the oath or declaration | 011. |
| | | |
| , i | An oath or declaration in compliance with 37 CFR 1.63 listing the names of all invinventor(s), identifying this application by the above Application Number and Filing | g Date, is required. |
| □ 6.A | A \$50.00 processing fee is required since your check was returned without paymen | nt (37 GFR 1.21(m)). |
| _ 7 Y | Your filing receipt was mailed in error because your check was returned without pa | ayment. |
| Пат | The application does not comply with the Sequence Rules. | |
| 0. 1 | See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825." | |
| | OTHER: | |
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| Direct t | the reply and any questions about this notice to "Attention: Box Missing Parts." | |
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